STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.state.ct.us/trb

TEACHERS' RETIREMENT BOARD HEALTH PLAN
OPEN ENROLLMENT - OCTOBER 2001

Dear Teachers' Retirement Board Health Plan Subscriber:

The Teachers' Retirement Board is giving you an opportunity to make changes in your health benefits plan coverage during the month of October 2001 for coverage to become effective January 1, 2002. During this open enrollment period, you may add or drop optional dental plan benefits or optional dental, vision and hearing plan benefits.

Stirling & Stirling will continue to provide services for your hospital and medical benefits as well as optional vision and hearing benefits. Merck-Medco (Paid Prescriptions) will provide prescription drug benefits and Delta Dental will provide dental benefits. The Plan Document and Summary Plan Description effective January 1, 2002, is enclosed for your reference.

Once you enroll in a plan, you may not make any changes until the next open enrollment period is held in October 2002. You may cancel your coverage in full, but you will not be permitted to re-enroll until the next open enrollment period.

The deduction for the coverage type selected will be reflected in the December 31, 2001 benefit payment:

CTRB Sponsored Health Plan Coverage Type	Old Rate (per individual)	New Rate (per individual)
Traditional With Prescriptions	$42	$46
Traditional With Prescriptions & Dental	$72	$71
Traditional With Prescriptions & Dental, Vision & Hearing	$79	$76

- **To continue your current coverage:**
  Do nothing. It is important that you do NOT submit the Open Enrollment Change Form. Your coverage type will automatically be continued under the Plan at the new rates listed above.

- **To change your coverage type:**
  Two (2) Open Enrollment Change Forms are included in this packet. A member and/or spouse changing coverage type must each complete and submit a separate Open Enrollment Change Form.

- **To cancel your coverage in full:**
  Each person who is canceling coverage in full must notify this office in writing on or before October 31, 2001.

All completed Open Enrollment Change Forms must be received by the Teachers' Retirement Board on or before October 31, 2001.

HIGHLIGHTS OF HEALTH PLAN CHANGES

The Plan Document and Summary Plan Description for the State of Connecticut Teachers' Retirement Board Health and Prescription Drug Benefits Plan Including Descriptions of the Optional Dental, Vision and Hearing Benefits is enclosed and should be retained for your records.

Dental Plan

- Beginning January 1, 2002, Delta Dental of New Jersey will administer the Connecticut State Teachers' Retirement Board's dental plan. Delta is the largest provider of dental benefits in the country. It is a national network with over 105,000 dentists participating in the network. Approximately 80% of the dentists in Connecticut participate in the plan.

- If you are currently in the Stirling & Stirling Dental plan, you will automatically be enrolled in the Delta Dental Plan and your years of participation in the plan required to determine your level of benefits for major services will be transferred to Delta Dental.

Prescription Drugs

- Your maximum out of pocket costs for retail and mail order prescriptions purchased through the CTRB program will be lowered to $2,000 each calendar year beginning January 2002. (The 2001 limit was $2,500).

- Beginning January 1, 2002, your co-payment amounts for prescription drugs will be as follows:

Prescription Type	Old Co-pay	New Co-pay
Generic	20%	15%
Preferred	20%	20%
Non-Preferred	25%	30%

- Beginning January 1, 2002, drugs identified by the Pharmacy Benefits Manager as maintenance drugs will only be available through the mail order program. You will be permitted one (1) retail prescription and one (1) refill of a maintenance medication. Any additional purchases of a maintenance medication obtained at a retail pharmacy will not be eligible for reimbursement under the plan.

Vision Care

- The allowance for frames per pair in a 24-month period will be increased from $20 to $40.

Services Requiring Prior Approval by Stirling & Stirling (call 1-800-447-6689) include:

- In-patient hospital care toward 365 additional days once you have exhausted all of your Medicare Hospital Benefit days, including your Lifetime Reserve Days.
- Admission as an inpatient at a Skilled Nursing Facility other than for long term custodial care.
- Private duty nursing care.
- Outpatient Physical/Speech and Occupational Therapy.

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MEDICARE SUPPLEMENTAL HEALTH INSURANCE OPEN ENROLLMENT CHANGE FORM

This form is to be used by participants currently enrolled in the Connecticut Teachers' Retirement Board (CTRB) Health Benefits Plan for changes to become effective January 1, 2002. All completed Medicare Supplemental Health Insurance Open Enrollment Change Forms must be received by the Teachers' Retirement Board on or before October 31, 2001.

Do not complete this form if you wish to continue your current coverage type.

Enrollment Requirements:

- Medicare must be your primary health plan.
- A photocopy of your Medicare Card or a letter from Social Security stating the Medicare Claim # and effective date of coverage is required for each enrollee.
- ONE APPLICATION PER ENROLLEE.
- Plan changes are permitted during open enrollment periods only.
- To cancel all coverage, submit a written request for cancellation, with at least a 30 day advance notice, including your name and Social Security number. If you are a spouse, include the member's name.

I WISH TO CHANGE MY CURRENT COVERAGE TYPE TO THE FOLLOWING EFFECTIVE JANUARY 1, 2002:

CTRB Sponsored Health Plan Coverage Type	**Cost per month (per individual)**	**Check One (X)**
Traditional With Prescriptions	$46	☐
Traditional With Prescriptions & Dental	$71	☐
Traditional With Prescriptions & Dental, Vision & Hearing	$76	☐

ALL ENROLLEES MUST PROVIDE THE FOLLOWING INFORMATION:

Enrollee's Last Name	First	Initial	Home Phone

Street Address	City	State	Zip Code

Enrollee's Social Security Number	Medicare Number	Date of Birth

Enrollee's Signature	Date

If you are enrolling as the spouse of a retired teacher, please furnish the following:

Retired Teacher's Name	Social Security Number

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MEDICARE SUPPLEMENTAL HEALTH INSURANCE OPEN ENROLLMENT CHANGE FORM

This form is to be used by participants currently enrolled in the Connecticut Teachers' Retirement Board (CTRB) Health Benefits Plan for changes to become effective January 1, 2002. All completed Medicare Supplemental Health Insurance Open Enrollment Change Forms must be received by the Teachers' Retirement Board on or before October 31, 2001.

Do not complete this form if you wish to continue your current coverage type.

Enrollment Requirements:

- Medicare must be your primary health plan.
- A photocopy of your Medicare Card or a letter from Social Security stating the Medicare Claim # and effective date of coverage is required for each enrollee.
- ONE APPLICATION PER ENROLLEE.
- Plan changes are permitted during open enrollment periods only.
- To cancel all coverage, submit a written request for cancellation, with at least a 30 day advance notice, including your name and Social Security number. If you are a spouse, include the member's name.

I WISH TO CHANGE MY CURRENT COVERAGE TYPE TO THE FOLLOWING EFFECTIVE JANUARY 1, 2002:

CTRB Sponsored Health Plan Coverage Type	Cost per month (per individual)	Check One (X)
Traditional With Prescriptions	$46	☐
Traditional With Prescriptions & Dental	$71	☐
Traditional With Prescriptions & Dental, Vision & Hearing	$76	☐

ALL ENROLLEES MUST PROVIDE THE FOLLOWING INFORMATION:

Enrollee's Last Name	First	Initial	Home Phone

Street Address	City	State	Zip Code

Enrollee's Social Security Number	Medicare Number	Date of Birth

Enrollee's Signature	Date

If you are enrolling as the spouse of a retired teacher, please furnish the following:

Retired Teacher's Name	Social Security Number